



APPLICATION FOR INTERNSHIP

Human Resources Department
5850 West Glendale Avenue
Glendale, Arizona 85301
24 hr. Job Information Line (623) 930-3699 • Fax (623) 435-5347

For application to be considered, you **MUST**: 1) type or print all answers; 2) supply all requested information; **resumes may only** serve as a supplement; 3) not falsify the application in any way; 4) provide comprehensive employment information, including volunteer work. The information you provide will determine your qualifications for employment or eligibility for evaluation.

GENERAL INFORMATION

Position applying for: _____ SS#: _____

Name: _____

Address: _____
Street City State Zip

Phone: _____ Phone (message): _____

No related employees may work within the same department or in certain sensitive positions. Your eligibility for some positions may be affected if you have relatives working for the City. Are any of your relatives (marriage also), employed by the City of Glendale?

Yes: ☐ No: ☐ *If yes, please list their name(s) and Department(s) for which they work.

Name: _____ Department: _____

I will accept (check all that apply):

- ☐ 20 hours per week
☐ 25 hours per week
☐ 30 hours per week
☐ 35 hours per week
☐ 40 hours per week

Do you have a legal right to work in the U.S.?

Yes: ☐ No: ☐

If yes, you will need to show proof of work eligibility to be employed.

Have you ever been convicted of any violations of federal, state, local or military law or statute? Yes: ☐ No: ☐

If yes, explain _____

NOTE: CONVICTION IS NOT NECESSARILY A BAR TO EMPLOYMENT. EACH CASE IS CONSIDERED INDIVIDUALLY, BASED ON JOB REQUIREMENTS.

Have you ever been terminated or forced to resign due to misconduct or unsatisfactory service?

Yes: ☐ No: ☐ If yes, please explain the circumstances _____

EDUCATION, TRAINING AND SKILLS

School Name & Address:

Major/Area of Emphasis:

Year in School:

☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Grad Student

Credit Hours In Major: _____

Grade Point Average: _____

Professional Certificates, Licenses, Memberships: _____

List any specialized training you may have received that relates to this position (include number of hours and course content): _____

List any equipment that you are able to operate that relates to this position: _____

Language Proficiency (other than English)				Have you ever served in the U.S. Armed Forces?	
LANGUAGE	SPEAK	READ	WRITE	Yes: <input type="checkbox"/> No: <input type="checkbox"/> From _____ To _____	
				Branch: _____ Type of Discharge: _____	
				Specialized training or experience: _____	
Arizona Driver's License? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Classification: _____ License Number: _____					

EXPERIENCE

Begin with your present or most recent position. List most recent jobs held, paid or volunteer. **YOUR QUALIFICATIONS WILL BE EVALUATED ON THE BASIS OF THE INFORMATION PROVIDED ON THE APPLICATION.** You may attach a separate sheet if additional space is needed, or to include applicable experience prior to ten years ago. **RESUMES MAY NOT BE SUBSTITUTED FOR THE REQUESTED INFORMATION.**

Position Title: _____ **Employment Dates:** _____ to _____

Employer: _____ **Phone #:** _____

Address: _____
Street City State Zip

Supervisor: _____ **May we contact your present employer?** Yes: ☐ No: ☐

Annual Salary: _____ **Hours Per Week:** _____ **# of employees supervised:** _____

Primary Job Duties: _____

Total Time Worked: Years _____ Months _____ **Reason for wanting to leave:** _____

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READ THIS APPLICATION AND YOUR ANSWERS BEFORE SIGNING BELOW

By signing this application, I certify that all information on this form is true to the best of my knowledge, and any omissions or misstatements of facts may be cause for rejection of this application or discharge from City service. I also authorize the City of Glendale Human Resources Department or its Designee, to make all necessary and appropriate investigations allowable by law to verify the information concerning my employment that is allowable by law. It is my responsibility to keep the Human Resources Department advised about any changes of address or phone number.

DATE: _____ **SIGNATURE:** _____